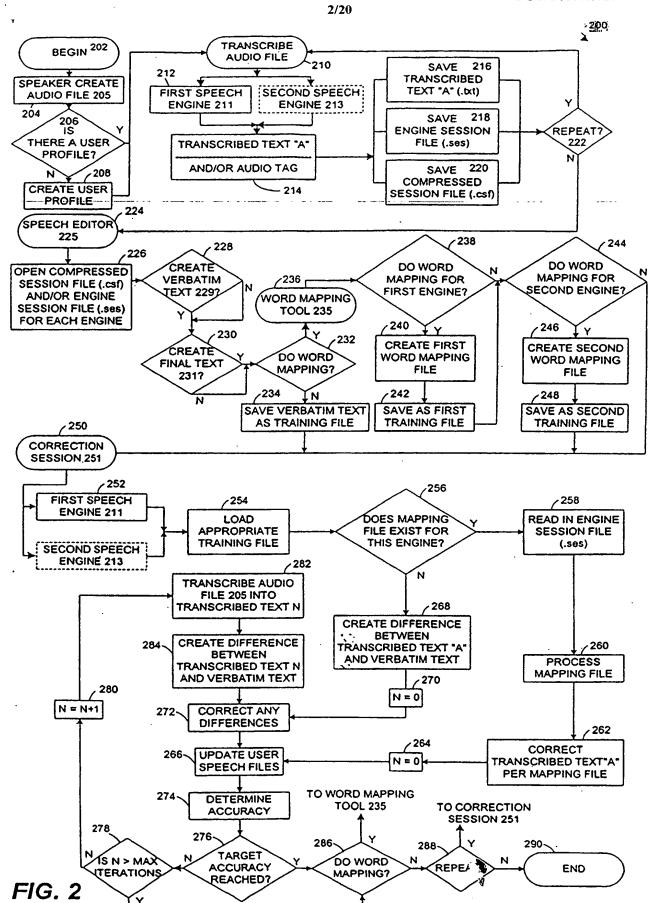
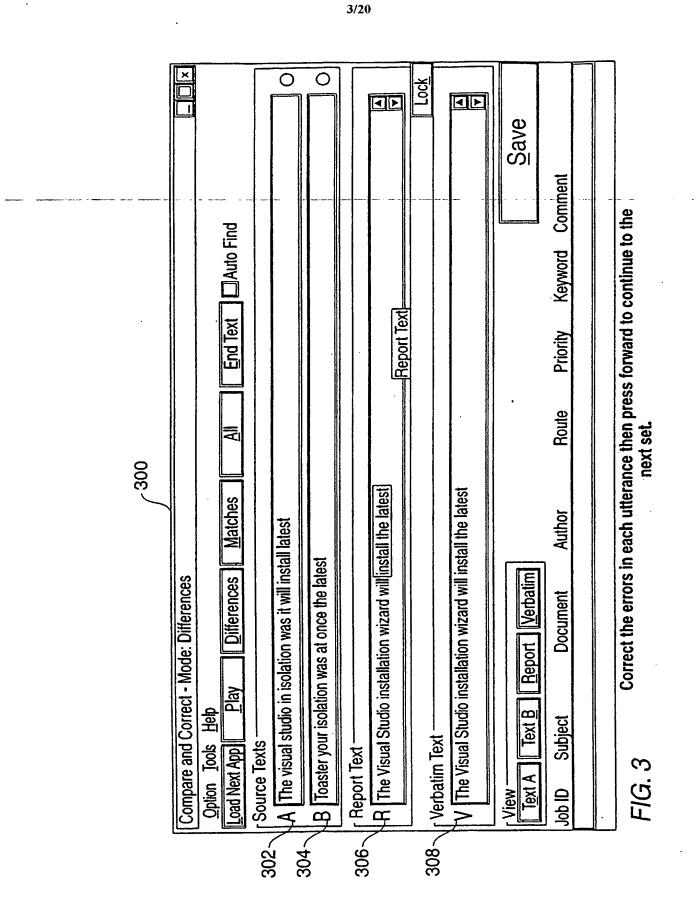


FIG. 1





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Heart size is midly enlarged. There are prominent marking of the left lower lung fields. Findings may represent residual

Referring physician Thatcher Smith

evidence for underlining tumor. Incidental note is made and

pneumonia or scarring. The right lung is clear. There is no

degenerative changes are the spine in shelters. Follow-up

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Impression: no definite evidence for actve pneumonia.

Referring physician: Doctor Smith

History: pneumonia.

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History: Himalayan.

Chest and lateral

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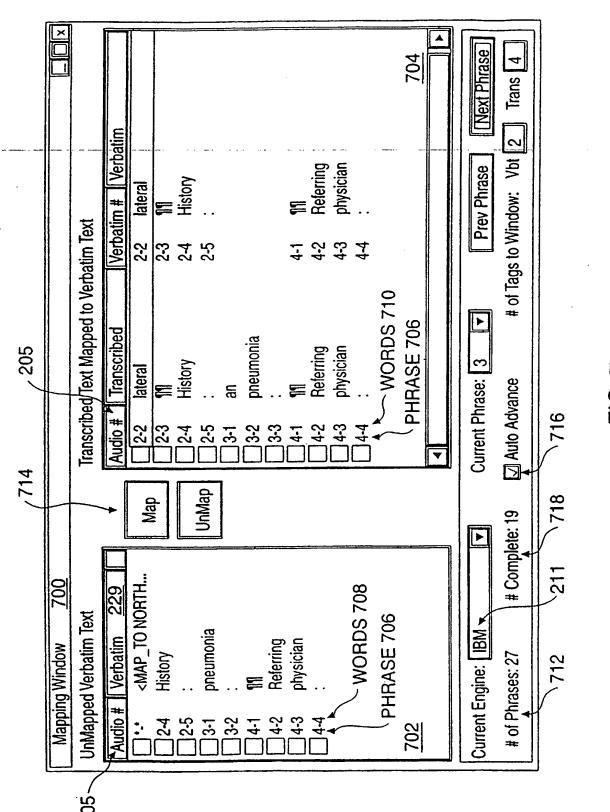
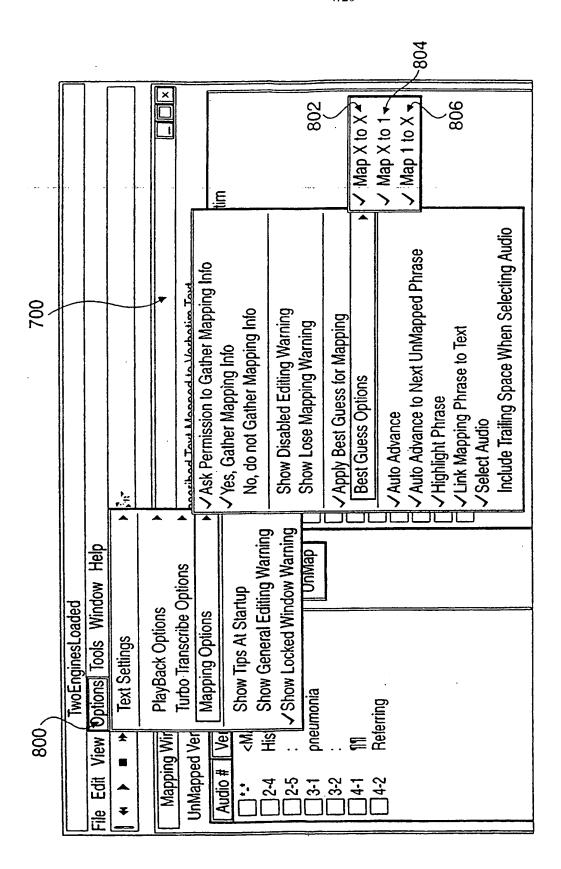


FIG. 7



F1G. 8

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8/20 00 Hart died as midy, enlarged. There are prominent barking of the locked Laura Lund fields. Finding and nelghbors back to residual and Loma or scarning. The right line is clear. There is no evidence to for underdring lumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fathout South and taleral and 46 weeks if it fits to. Hart died as midly enlarged. There are prominent barking of the bocked Laura Lund felds. Finding and neighbors back to residual and Lorna or scaming. The right line is clear. There is no evidence to for underfining furnor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and taiteral and 46 weeks if it flight to. N. D. 602 Hart died as midy exlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residente to to underform tunner. And the tunnel how it may add degenerabre changes are the spine and shoulders. Fallout South and lateral and 46 meets if it fights to. Ø 909 Modified 11-15-2001 809 [ICIX] [Transcribed Text (CSUSA_Session_IBm-3.cs)) 98.82% Accuracy Impression: no definite evidence for active in London. Impression: no definite evidence for active in London Impression: no definile exidence for active in London. ☐Verbatim Text • 100.00% Accuracy Referring physician: Doctor Smith. Reterring physician: doctors met. (IVII | II) | IV | UserD. 00000002 | Author: Medey, Debbie Reterring physician: Doctor Smith. Œ History an amnonia. Ŋ History: pneumonia. 4 B B A 40 69 CB 64 **Just and lateral** Just and lateral 'n History: pneumonia. क कि कि क Just and lateral OF mal Text l of Tags to Window: Vbt [2] Trans [4 Heart size is midy enlarged. There are prominent marking of the left lower lung fields. Findings may represent residual pneumonia or scarning. The right lung is clear. There is no enidence for underfaring lumor, thicklental note is made and degenerative changes are the spine in shelters. Follow-up chest and lateral and 46 weeks is 604 physician Referring Prev Phrase **™** Fisiony Bea Verbatim # franscribed Text Mapped to Verbatim Text 23 24 25 I I I I Session Dragon-1.cs2) - \$4.12% Accuracy pneumonia Reterring physician History Auto Advance Current Phrase: Impression: no definite evidence for active pneumonia ** * * * * * UmWap Complete: 26 Secondary Transcribed Text (CSUSA) Reterring physician; Thatcher Smith. CMAP_TO NOFITH_ 0 JnMapped Verbatim Text Current Engine: IBMV8 pneumonia 四四四四日 Verbatim Referring fistory. Himalayan. Mapping Window History # of Phrases: 27 Chest and lateral # # 4 # Audio (702 advised.

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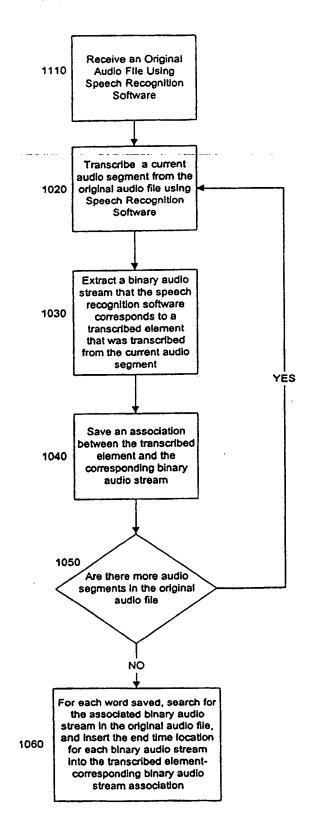


FIG. 10

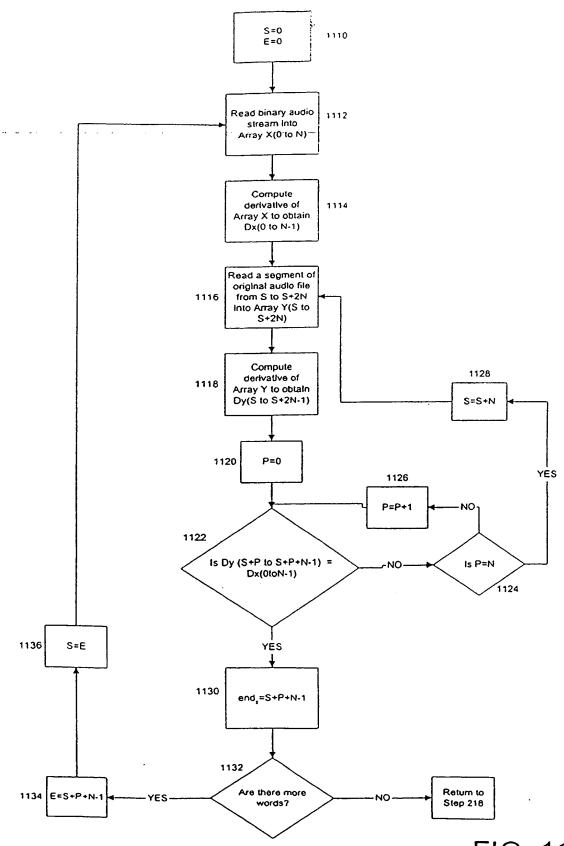
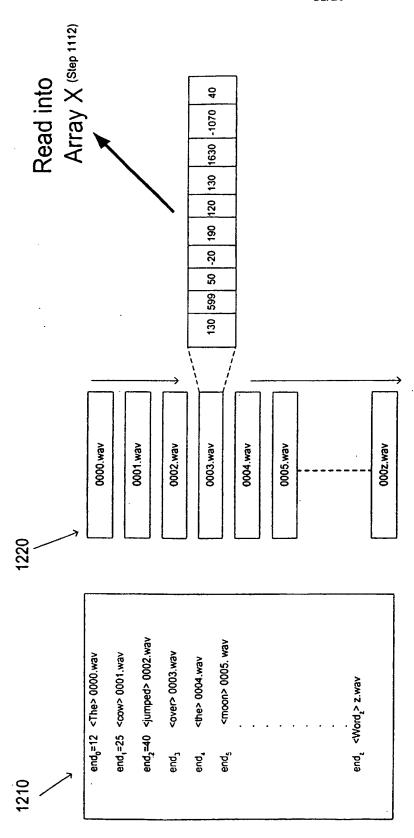


FIG. 11





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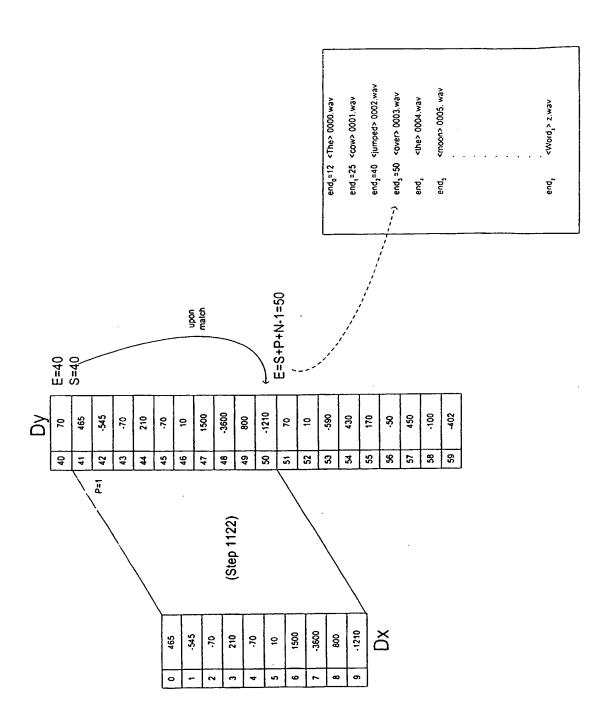


FIG. 12c

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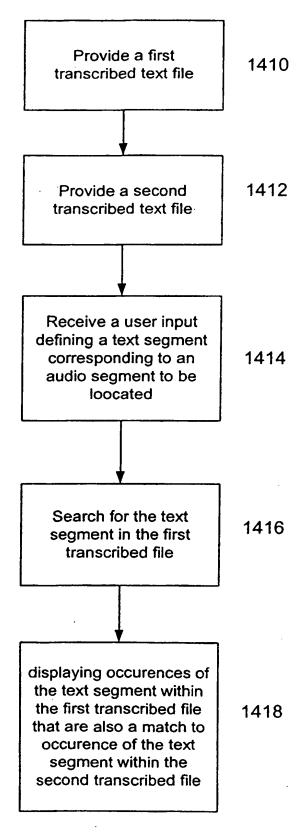


FIG. 14

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F/G. 15

Document 1--Initial Visit

History and Physical

Patient Name: Henry Russell Date of Birth: June 14, 1952

Medical Record Number: 456-61-6385

Chief Complaint: Epigastric pain

Patient Encounter: Initial Evaluation/Morrison Outpatient Center

Examination Date: June 17, 2002 Referring Physician: Dr. Albert Block Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Negative for occult blood. Prostate negative for masses.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Prilosec, 20 milligrams, one tab per day times 7 days. Followup office visit in 1 week.

FIG. 16

Document 2--Second Visit

History and Physical

Patient Name: Henry Russell Date of Birth: June 14, 1952

Medical Record Number: 456-61-6385

Chief Complaint: Epigastric pain

Patient Encounter: Followup/Morrison Outpatient Center

Examination Date: June 24, 2002 Referring Physician: Dr. Albert Block Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use. After one week course of proton inhibitors he has no complaints.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Not examined.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Return visit if required.

FIG. 17

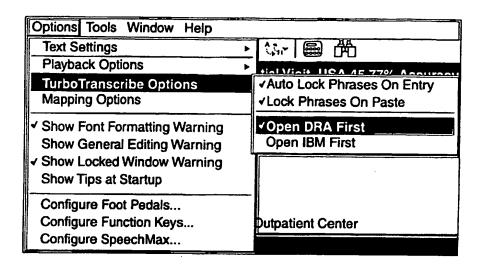


FIG. 18

